McDermott et al identified that in cognitively impaired patients there was poorer recognition of pain and a longer time until administration of analgesia. This study aimed to identify whether these findings were consistent with the management of NOF fractures admitted to a District General Hospital.
Methods: Data was collected retrospectively on NOF fracture patients between 26/10/2013 – 12/1/2014. An abbreviated mental test score (AMTS) of less than 7 was classed as cognitive impairment. Significance was ascertained with Chi^2 and Mann-Whitney-U tests.
Results: Significantly less cognitively impaired patients received analgesia in the ambulance compared to the cognitively intact (23% vs 86%, p=0.001). Once in the emergency department, the cognitively impaired waited substantially longer on average to receive any analgesia (2:03hrs, p=0.020).
Conclusions: This study shows lower AMTS to be consistent with poorer pain management, both pre-hospital and in the emergency department. This suggests we rely more on patient vocalisation than the objective signs of pain in determining analgesia. These findings prompt the utility of objective pain scorings tools for cognitively impaired patients as an area for further research.

1058: DOCUMENTATION OF ORTHOPAEDIC TRAUMA MEETING DISCUSSIONS IN A DISTRICT GENERAL HOSPITAL

Natasha Jiwa*, Syed Aftab, Jeremy Read. *Watford General Hospital, Hertfordshire, UK.*

Introduction: Clear and accurate patient records are at the cornerstone of good medical practice. Management decisions are made during the daily trauma meeting. Inadequate documentation of discussions can adversely affect patient care. A quality improvement project was conducted between June-July 2013, with the aim of improving documentation in the medical records of orthopaedic patients.
Methods: 28 sets of medical notes were analysed according to 'Standards for the structure and content of medical records and communications when patients are admitted to hospital' document. A trauma meeting proforma was created and piloted within the trust. 51 medical records were then re-audited, resulting in closure of the audit cycle.
Results: Compliance with the proforma was 94.1% (48/51 notes). Documentation of patient name and hospital number increased from 7.4% to 95.8% and 3.7% to 39.5% respectively. Documentation of the admitting consultant increased from 62.9% to 81.2%. A diagnosis was written in 93.7% of notes, compared to 18.5% beforehand. Accurate documentation of the trauma-meeting plan increased from 59.2% to 100%.
Conclusions: Documentation is vital to improving communication between members of the medical profession. This audit identified targets for improvement within our working system and demonstrated that change is not always slow, tedious and expensive.

1085: IMPORTANCE OF RADIOLOGICAL TEMPLATING IN HIP ARTHROPLASTY

Marianthi Vatrika*[,1], Mujahid Syed[2], Richard Slack[2]. [1] *Queen Elizabeth The Queen Mother Hospital, East Kent University Hospitals, Margate, Kent, UK;*
[2] *Kent & Canterbury Hospital, East Kent University Hospitals, Margate, Kent, UK.*

Introduction: Pre-operative radiological templating is highly recommended for successful hip arthroplasty. Most patients seen in clinic were unnecessarily exposed to two radiographs within a span of three months. One without a marker on initial visit and subsequently a second radiograph with a marker at pre-admission prior to surgery. Audit objective: To investigate the volume of patients having double radiographs and its impact on workload and costs.
Methods: Retrospective study over six months analysing the number of patients having double radiographs, making recommendations and re-analysing again a year later to complete the audit cycle.
Results: 1st Phase: 55% of patients operated were exposed to two radiographs resulting in an additional cost £2560, a loss of 320 minutes of work time and unnecessary radiation exposure. Recommendations: Radiology department was made aware and a previously unavailable 30mm Marker was provided. 2nd Phase: Over a period of six months, only 12.5 % of patients had double radiographs, with a 42.5% reduction in work load with an effective saving of £1520.
Conclusions: The success of the above audit cycle indicates that the practice of templating all pelvic radiographs at the first visit in a hip arthroplasty clinic is a safe and cost-effective method.

1127: GLUTEAL FIBROSIS: A CASE SERIES IN EASTERN UGANDA. COULD OUR MALARIAL TREATMENT BE CAUSING LONG-TERM DISABILITY?

Stella Nikolaou*, Elizabeth Asige, Owori Francis, Ruth Abaikol. *Kumi Hospital, Kumi, Uganda.*

Introduction: In gluteal fibrosis (GF) the gluteal muscle is replaced by fibrous tissue and prevents adduction of the hips. The use of intramuscular (IM) quinine injections for pre-hospital treatment of malaria has increased since resistance developed to chloroquine; coinciding with an increasing incidence of GF in Uganda. Our aim was to qualitatively describe the disability experienced in children with GF, investigate the association of IM quinine injections and GF, and determine the surgical outcome.
Methods: All children identified with GF in outreach clinics in Eastern Uganda over one month were invited to participate. Demographic data, pre-operative function, history of presenting complaint, intra-operative findings and two-week progress were recorded.
Results: There were 67 patients (4-14 years old). Most could not run (97%), use the toilet (88%), or eat whilst sitting down (85%). All had gluteal IM injections of only quinine and had IM quadriceps and deltoid injections of DTP and BCG respectively, yet had fibrosis of the gluteal region only. All underwent surgical release and had normal adduction at follow-up.
Conclusions: GF is a severely disabling disease. This may be due to intramuscular quinine use. More studies are required to determine causality. Rectal artesunate may offer a suitable alternative.

1141: DOES DAY OF SURGERY EFFECT LENGTH OF STAY FOLLOWING PRIMARY HIP AND KNEE ARTHROPLASTY?

Dilan Pathmajothy*, Tom Knapper, James Bowyer, David Clarke. *Royal Hampshire County Hospital, Winchester, UK.*

Introduction: Recent studies have identified postoperative inpatient stay as the most costly aspect of hip and knee arthroplasty. Evidence has linked weekend surgery to increased mortality. The aim of this study is to establish whether day of surgery (Friday versus Monday) influences length of stay in patients undergoing elective hip or knee arthroplasty at a District General Hospital (DGH).
Methods: All patients undergoing elective hip or knee arthroplasty at a DGH were retrospectively collected between September and December 2013. Data collected included demographic information, type, side and day of surgery along with length of stay. Statistical significance was assessed using the Mann-Whitney test.
Results: 63 patients (32 Friday, 31 Monday) were reviewed with a mean age of 71 and 72 years for Monday and Friday respectively. Undergoing an operation on either a Friday or Monday made no statistical difference to length of stay (3 days vs 4 days p=0.21).
Conclusions: Day of surgery did not affect length of stay in hip and knee arthroplasty patients. Previous research demonstrating a link between day of surgery and complications and mortality rates may be independent of length of hospital stay and is an area that warrants further research.

1170: INFECTION IN ELECTIVE SHOULDER SURGERY

Rachael Clifford*, D.G. Shivarathre, A. Bidwai, M. Kent, M. Smith, P. Brownson, I. Guisasola. *Royal Liverpool and Broadgreen University Hospitals NHS Trust, Liverpool, UK.*

Introduction: To evaluate the early infection rates in elective shoulder surgery at The Royal Liverpool University Hospital. To attempt to identify the risk factors or preventable causes.
Methods: Retrospective data collection from electronic database and clinical records of all elective shoulder surgery performed at The Royal Liverpool and Broadgreen Hospital from January to December 2013. Analysis of cases with post-operative infections.
Results: A total of 429 elective shoulder cases were performed; 381 arthroscopic and 48 open. There were 2 infections following arthroscopic surgery (0.5%) and 2 infections post-arthroplasty (4.2%); in keeping with published literature. Propionibacterium Acnes was the causative micro-organism grown from samples for 3 out of 4 patients. All cases were